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	Under the Paperwi	ork Reduction Act o	of 1995, no pen	sons are required to	U. S. Pate respond to a collecti	Approvint and Trademaria	ed for use thro Office: U.S. nunless it disp	ough 10 DEPAF	PTOA 10.002. ON RTMENT OF 11 OMB	SB/06 (08-00) 4B 0651-0032 COMMERCS introl number.)
					ION RECOR	Ap	plication or			18	
•			AS FILED - (Column 1)		olumn 2)	SMALL E	Y W	U ` OR	OTHER TI	HAN NTITY	
OR		NUMBI	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE	
BASIC FEE (17 CFR 1.14(4)) FOTAL CLAIMS					1 22		s	OR		s	
(37 OFR 1.16(c)) INDEPENDENT CLAIMS (37 OFR 1.16(b))		ims (2	minus 20 =		0	x S=		OR OR	x \$= x=		
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.16(d))						+=		OR	+	N V	2
If the difference in column 1 is less then zero, enter "O" in column ? CLAIMS AS AMENDED - PART II							ENTITY	OR OR	OTHER TO SMALL E	:	
AMENDMENTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(c))	. 46	Minus Minus	·· Ø3 ··· /0	= /	x \$=		OR- OR	x \$=	>	
			ULTIPLE DEPENDENT CLAIM		(3) CF(1.14(3))	†		OR OR	7-		
(Column 1) (Column 2) (Column 3)								OR A	TOTAL DDIT. FEE		
ENI B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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AME	Independent (37 CFR 1.16(b))	- 3	Minus	43	=	<u>*</u>	/	OR	×=	/	
	FIRST PRES	ENTATION OF M	ULTIPLE DEP	ENDENT OLAIM	(37 CFR 1.16(8))	†		OR OR	+ — -7 тотуС		
	ア しかし コ	(Column 1)	として	(Column 2)	(Column 3)	ADDIT. FEE			DDIT. FÉE		i

CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL TIONAL RATE **AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR Øκ Total 07 GFR 1.16(e)) Minus = OR 3 Independent 07 CFR 1.166)) _ Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE

(Cotumn 3)

(Column 1)

(Column 2)

^{*} If the entry in column I is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bux in column 1.

Burden Hour Statement: This form is estimated to take 0.2 bours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Pattent and Trackmark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, 1XC 20231.